

## **Application Data Sheet**

### **Application Information**

Application number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested classification:

Suggested Group Art Unit:

CD-ROM or CD-R?: None

Number of CD disks:

Number of copies of CDs:

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF:

Title: SYSTEM AND METHOD FOR DYNAMICALLY  
CONTROLLING GAMUT MAPPING FUNCTIONS

Attorney Docket Number: 003797.00701

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure:

Total Drawing Sheets: 14

Small Entity?: NO

Latin name:

Variety denomination name:

Petition included?: NO

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

Applicant Authority Type: Inventor  
Primary Citizenship Country: USA  
Status: Full Capacity  
Given Name: Michael  
Middle Name:  
Family Name: Stokes  
Name Suffix:  
City of Residence: Eagle  
State or Province of Residence: ID  
Country of Residence: USA  
Street of mailing address: 1946 E. Stonybrook Court  
City of mailing address: Eagle  
State or Province of mailing address: ID  
Country of mailing address: USA  
Postal or Zip Code of mailing address: 83616

Applicant Authority Type: Inventor  
Primary Citizenship Country: USA  
Status: Full Capacity  
Given Name: Bradley  
Middle Name: P.  
Family Name: Gibson  
Name Suffix:  
City of Residence: Seattle  
State or Province of Residence: WA  
Country of Residence: USA  
Street of mailing address: 620 N. 34<sup>th</sup> Street, #305

City of mailing address: Seattle  
State or Province of mailing address: WA  
Country of mailing address: USA  
Postal or Zip Code of mailing address: 98103

Applicant Authority Type: Inventor  
Primary Citizenship Country: USA  
Status: Full Capacity  
Given Name: Christopher  
Middle Name:  
Family Name: Raubacher  
Name Suffix:  
City of Residence:  
State or Province of Residence:  
Country of Residence:  
Street of mailing address:  
  
City of mailing address:  
State or Province of mailing address:  
Country of mailing address:  
Postal or Zip Code of mailing address:

### **Correspondence Information**

Correspondence Customer Number: 28319

### **Representative Information**

Representative Customer Number: 28319

### **Domestic Priority Information**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

### **Foreign Priority Information**

Country:	Application number:	Filing Date:	Priority Claimed:

### **Assignee Information**

Assignee name: Microsoft Corporation  
Street of mailing address: One Microsoft Way  
City of mailing address: Redmond  
State or Province of mailing address: WA  
Country of mailing address: USA  
Postal or Zip Code of mailing address: 98052